

[Detach here]

**PART C- RECEIPT**

Log #: 25183

Offender Last Name: Craig First: Thomas Number: 1031183 Facility: BCC Building-Cell/Bed: ITN SB

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from their presence for response.]

Date/Time: 5/17/23 9:5am Recipient's Signature (Staff Member): Thomas Name/Title Printed: Thomas C/O



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 9/3/20

Distribution: Original returned to Offender, Copy forwarded to Institutional Ombudsman  
[Detach here]

**PART C- RECEIPT**

Log #: 22525

Offender Last Name: Craig JR First: Thomas Number: #1031135 Facility: BLCC Building-Cell/Bed: 1BS-15B

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from their presence for response.]

Date/Time: 3-28-2023 10:50am Recipient's Signature (Staff Member): [Signature] Name/Title Printed: F. N. Wiley



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 9/3/20

Distribution: Original returned to Offender, Copy forwarded to Institutional Ombudsman  
[Detach here]

**PART C- RECEIPT**

Log #: 21532

Offender Last Name: Craig First: Thomas Number: 1031138 Facility: BCC Building-Cell/Bed: 1BS-15B

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from their presence for response.]

Date/Time: 3-28-23 12:20 PM Recipient's Signature (Staff Member): [Signature] Name/Title Printed: C/O Hudgins



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 9/3/20

Distribution: Original returned to Offender, Copy forwarded to Institutional Ombudsman  
[Detach here]

**PART C- RECEIPT**

Log #: 3112

Offender Last Name: Craig First: Thomas Number: 1031183 Facility: BCC Building-Cell/Bed: ITN SB

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from their presence for response.]

Date/Time: 5/17/23 10:30am Recipient's Signature (Staff Member): Thomas Name/Title Printed: Thomas C/O



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 9/3/20



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Laboratory/Diagnostic Test(s) Results 720 F35 5-21

### Laboratory/Diagnostic Test(s) Results

Date:

To:

Craig Thomas #1031138 SMB A-3  
(Print Inmate/CCAP Probationer/Parolee Name and DOC #)

From:

Medical Department

Subject:

Laboratory/Diagnostic Test(s) Results

Please be advised that your recent laboratory/diagnostic test(s) have been received and reviewed by the facility Medical Practitioner and the following has been recommended for your continued care:

- ☐ Lab/x-ray/procedure is within normal limits and/or clinically insignificant. The Provider has not ordered a follow up visit.
- ☐ Lab/x-ray/procedure will require further testing/monitoring. You are scheduled to see the Provider.
- ☐ Lab/x-ray/procedure ordered during your chronic care visit will require monitoring. The Provider has ordered repeat/additional testing prior to your next chronic care appointment.

Xrays show broken bones in your hand.  
You are being referred to orthopedics

Medical Staff (Print Name)

Date

Medical Staff (Signature)

M. M. 3/16/27/1144

CC to inmate  
03/16/23  
*[Signature]*



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 9/15/2021

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Laboratory/Diagnostic Test(s) Results 720 F35 9-21

## Laboratory/Diagnostic Test(s) Results

Date: 3/17/23

To: Craig Thomas #1031138 1BS 1SB  
(Print Inmate/CCAP Probationer/Parolee Name and DOC #)

From: Medical Department

Subject: Laboratory/Diagnostic Test(s) Results

Please be advised that your recent laboratory/diagnostic test(s) have been received and reviewed by the facility Medical Practitioner and the following has been recommended for your continued care:

- ☒ Lab/x-ray/procedure is within normal limits and/or clinically insignificant. The Provider has not ordered a follow up visit.
- ☐ Lab/x-ray/procedure will require further testing/monitoring. You are scheduled to see the Provider.
- ☐ Lab/x-ray/procedure ordered during your chronic care visit will require monitoring. The Provider has ordered repeat/additional testing prior to your next chronic care appointment.

Medical Staff (Print Name)

  
Kevin L. Fox, M.D.

Date

3/17/23

Medical Staff (Signature)

3/17/23  
Copy to Inmate  
COP/12001P



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 9/21/21



## DEPARTMENT OF CORRECTIONS

## Regular Grievance

Log Number: \_\_\_\_\_

## Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly.
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the decision.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

CRAIG, S. Thomas

1031138

1ST-B-7

Offender Name (Last Name, First)

Offender Number

Housing Assignment

Medical

4-6-2023 / 10:43 AM

Individuals Involved in Incident:

Date/ Time of Incident

## Results of the Informal Complaint Process (Select one of the below)

- ☐ Written Complaint on this issue attached
- ☐ Other documentation used to satisfy the informal complaint process is attached
- ☐ Informal complaint process is not required for this issue

**Explain Your Issue:** (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

I am growing very "concerned" over the treatment process with my Right hand, I'm being told I'll see the ortho and this has gone on since 3-16-2023. I have had an interview with similar issues with his hand and his injury was approximately 10 weeks ago. Over 12 weeks since his has seen the ortho and been treated. I have not seen one yet! And my injuries has (open) wounds as well as possible broken bones. You could clearly see bone sticking through the first joint on my Ring finger. Since the injury I've had X Rays and there is indication of "Broken" bones, so why is it taking so long for me to receive proper medical treatment? by the time you get around to it it'll be healed and disfigured as it is becoming now.

**Suggested Remedy:** (Identify in the space provided below, the action you want taken)

S. Craig

Offender Signature

4-6-2023

Date





**Intake Decision:** (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	<b>Non-Grievable:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Disciplinary hearing decisions, penalties and/or procedural errors</li><li><input type="checkbox"/> Regular Grievance Intake Decisions</li><li><input type="checkbox"/> Limitation Decisions</li><li><input type="checkbox"/> State and Federal laws, regulations, and court decisions</li><li><input type="checkbox"/> Policies, procedures, and decisions of other agencies</li><li><input type="checkbox"/> Issues yet to occur</li><li><input type="checkbox"/> Beyond the control of the Department of Corrections</li></ul>
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input checked="" type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance</i> # _____
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
<input checked="" type="checkbox"/>	<b>Informal Complaint Process:</b> Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input checked="" type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	<b>Request for Services:</b> _____

Institutional Ombudsman Signature \_\_\_\_\_

Date 4/13/23

### Appeal of Intake Decision

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

**Regional Review of Intake Decision:** The Regional Ombudsman's decision is final

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature \_\_\_\_\_

Date \_\_\_\_\_

### Withdrawal of Grievance:

I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



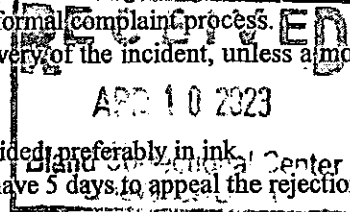


## Regular Grievance

Log Number: \_\_\_\_\_

## Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly.
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.



CRAIG, Sr. Thomas L

1031138

175-B-7

Offender Name (Last Name, First)

Offender Number

Housing Assignment

Medicine!

3-11-23

1 Approx 7:00 PM

Individuals Involved in Incident:

Date/ Time of Incident

## Results of the Informal Complaint Process (Select one of the below)

- ☒ *Written Complaint* on this issue attached
- ☐ Other documentation used to satisfy the informal complaint process is attached
- ☐ Informal complaint process is not required for this issue

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

My fingers are misshaped and I may not be able to use them properly if they are not treated in a timely & adequate fashion. I've been told I'd see the "CRITIC" team, it's been almost one month now my hand have not gotten any better, it's healing but not correctly and has blisters on it. Changing the bandage everyday but giving it proper treatment, the breaks or fractures needs to be treated as such because if you let it completely heal untreated I will have mobility issues & such with it, Also: it will be deformed, because the fingers already ARE abnormal looking & misshaped!

Suggested Remedy: (Identify in the space provided below, the action you want taken)

Offender Signature

Date



## DEPARTMENT OF CORRECTIONS

**Intake Decision:** (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	<b>Non-Grievable:</b> <input type="checkbox"/> Disciplinary hearing decisions, penalties and/or procedural errors <input type="checkbox"/> Regular Grievance Intake Decisions <input type="checkbox"/> Limitation Decisions <input type="checkbox"/> State and Federal laws, regulations, and court decisions <input type="checkbox"/> Policies, procedures, and decisions of other agencies <input type="checkbox"/> Issues yet to occur <input type="checkbox"/> Beyond the control of the Department of Corrections
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance</i> # _____
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
<input checked="" type="checkbox"/>	<b>Informal Complaint Process:</b> Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input checked="" type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault)? You must provide the following information within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	<b>Request for Services:</b>

*M. Adams*  
 Institutional Ombudsman Signature

*4/13/23*  
 Date

### Appeal of Intake Decision

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

**Regional Review of Intake Decision:** The Regional Ombudsman's decision is final.

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

Date

### Withdrawal of Grievance:

I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_10-20

RECEIVED

## Regular Grievance

Log Number: \_\_\_\_\_

Instructions for Filing: APR 14 2023

- You must first attempt to resolve your issue through the informal complaint process prior to filing a Regular Grievance.
- You must attach the Written Complaint or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your Regular Grievance out completely and correctly.
- You must explain your issue and how you were personally affected in the space provided; preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

CRIST, Jr. Thomas

Offender Name (Last Name, First)

1031138

Offender Number

15T-B-50

Housing Assignment

Medical Dept

Individuals Involved in Incident:

3-11-23

Date/ Time of Incident

1 approx 9pm

## Results of the Informal Complaint Process (Select one of the below)

- ☐ Written Complaint on this issue attached
- ☐ Other documentation used to satisfy the informal complaint process is attached
- ☒ Informal complaint process is not required for this issue

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

I have written at least 3/4 Complaint concerning my issues over the way my medical needs has been handled dealing with the injuries on my right hand, so far they (the Grievance) has been ignored and I've get receive the correct treatment required for the type of injury I have. I've had my family & friends call & you're told them the same story, "I'm ~~in~~ scheduled "to see the ortho" soon, the days has turned into weeks, and the weeks into a month now? Do I need to have my family Attorney call next and file a different type of Complaint, if so I'll have him call starting Monday 4-12-23, this have go on for too long for the type of injury I have. Next I'll have to have my finger amputated as did the inmate did last month.

Suggested Remedy: (Identify in the space provided below, the action you want taken)

PLEASE Give my medical need the proper attention they require. And stop guessing what you think is adequate & Right. Let the "ortho" see me in a rational timely fashion and fix this medical problem so I can go on and live up properly & have normal life there after - Thank You

Offender Signature

Date

4-13-23





VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_10-20

**Intake Decision:** (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	<b>Non-Grievable:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Disciplinary hearing decisions, penalties and/or procedural errors</li><li><input type="checkbox"/> Regular Grievance Intake Decisions</li><li><input type="checkbox"/> Limitation Decisions</li><li><input type="checkbox"/> State and Federal laws, regulations, and court decisions</li><li><input type="checkbox"/> Policies, procedures, and decisions of other agencies</li><li><input type="checkbox"/> Issues yet to occur</li><li><input type="checkbox"/> Beyond the control of the Department of Corrections</li></ul>
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance #</i>
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
<input checked="" type="checkbox"/>	<b>Informal Complaint Process:</b> Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input checked="" type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: <i>Please allow state an opportunity to respond to your complaints. If you disagree with the response, resubmit.</i>
<input type="checkbox"/>	<b>Request for Services:</b>

Institutional Ombudsman Signature

Date

**Appeal of Intake Decision**

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

**Regional Review of Intake Decision:** The Regional Ombudsman's decision is final

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

Date

**Withdrawal of Grievance:**I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA

DEPARTMENT OF CORRECTIONS

Written Complaint 866213 6-21  
RECEIVED

JUN 21 2023

Bland Correctional Center  
Grievance Officer

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Written Complaint form out completely and correctly.
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Offender Name: Thomas R. Craig Jr. Offender Number: 1031138

Housing Assignment: 35-B22

Individuals Involved in Incident: Medical - Mrs. Craig

Date/Time of Incident: 6-18-23 11:00pm 6:30pm

TO: Warden / Mrs. Craig  
(You must address your issue to institutional staff or an institutional department)

## In the space provided explain your issue (be specific):

I was notified by Mrs. Craig today that I will no longer be treated. My treatment has been discontinued. I normally report to medical for "dressing change" each day at 5pm, because I have stitches and pins in my Right 4th and 5th fingers. Dr. Gray advised medical to keep splinted and to keep the dressing clean. Now I'm told it can no longer be done - why not?

Offender Signature: T. Craig Jr. Date: 6-18-23  
Offenders - Do Not Write Below This Line

Date Received: 6/21/23 Response Due: 7/6/23 Log Number: BCC-23-INF-00276

Assigned to: Medical

## Action Taken/Response:

You are being seen by medical and receiving dressing changes

Respondent Signature: [Signature]

Printed Name and Title: T. Thompson, RUCB

Date: 6-29-23

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 15-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

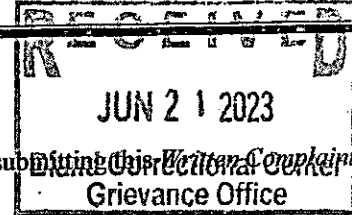
Revision Date: 6/21/21



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_6-21

## Written Complaint



## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Offender Name: Thomas R. Craig, Jr. Offender Number: 1031188 Housing Assignment: 3S B2d  
 Individuals Involved in Incident: Medical: Thompson Date/ Time of Incident: 6-20-23 1 4:50 pm

TO: WARDEN MRB. Reed  
 (You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

it's been 7d hrs now that I've gone without having my dressing changed or my hand cleaned?  
I have stitches and pins in my right hand.

Offender Signature: T. Craig Date: 6-20-23  
 Offenders - Do Not Write Below This Line

Date Received: 6/21/23 Response Due: 7/6/23 Log Number: BCC-23-INF-00277  
 Assigned to: Medical

## Action Taken/Response:

You are being seen by medical And receiving dressing changes

Respondent Signature: [Signature] Printed Name and Title: Thompson, MRB Date: 6-29-23

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_



VIRGINIA

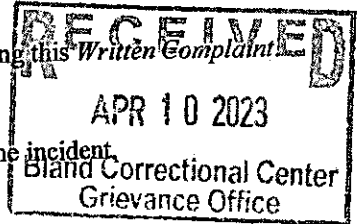
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_6-21

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Written Complaint form out completely and correctly.
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.



Offender Name: Thomas L. Craig, Jr. Offender Number: 1031138

Housing Assignment: ITS-B-7

Individuals Involved in Incident: Medical

Date/Time of Incident: 4-6-23 / 1:05 pm

TO: Mr. Thompson Medical Dept.  
(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

I've asked many times since 3-11-23 what will be done about my right hand you've told me I'm scheduled to see the "ortho", I have been patient up to a point this has gone on for too long to be considered adequate or timely medical treatment. If in fact there is a break or fracture in my fingers, which is most likely the case since the bones in my ring finger was visible, at this point it has healed or attempted to heal, which will result in it healing wrong, as you can see from the shape of both fingers. How do you plan on correcting this mistake?

Offender Signature: J. Craig, Jr.

Date: 4-6-23

Offenders - Do Not Write Below This Line

Date Received: 4/10/23 Response Due: 4/25/23 Log Number: BCC-23-WF-00156

Assigned to: Mr. Thompson

Action Taken/Response:

Your appointment has been scheduled.

Respondent Signature: [Signature]

Printed Name and Title: L. Tilley

Date: 4/14/23

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 15-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_





VIRGINIA

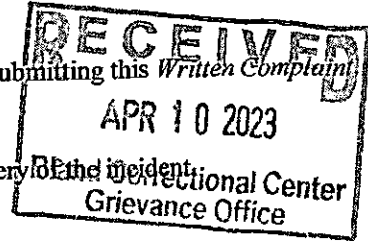
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_6-21.

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Written Complaint form out completely and correctly.
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.



Thomas R. Craig Jr. 1031138  
Offender Name Offender Number

1ST-B-7  
Housing Assignment

medical  
Individuals Involved in Incident

3/16/23 10:44 pm  
Date/ Time of Incident

TO: medical Dept - Mr. Thompson  
(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

I have a serious injury to my Right Hand, my Ring finger and my pinkie. Pinkie is grossly misshaped, most likely broken, because the ring finger was showing the bone at the first joint at the time of injury, the tip was glued together and X-rays showed possible "breakage" in both fingers. I was scheduled to see the ortho on the 16th March 2023; I am very concerned because, (1) why the delay, (2) there was an inmate who injured his hand weeks after me and he has been treated already seen the ortho and all.

Offender Signature: J. Craig, Jr. 1031138  
Offenders - Do Not Write Below This Line

Date: 4-6-2023

Date Received: 4/10/23 Response Due: 4/25/23 Log Number: BC-23-INF-00154

Assigned to: Mr. Thompson

Action Taken/Response:

Your appointment with ortho is scheduled

[Signature]  
Respondent Signature

[Signature]  
Printed Name and Title

4/14/23  
Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 15-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_





VIRGINIA

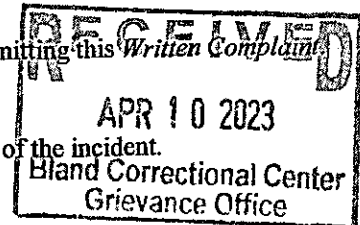
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_6-21

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Written Complaint form out completely and correctly.
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.



Thomas R. Crawford 1021138  
Offender Name Offender Number

175-B-7

Housing Assignment

Medical Dept  
Individuals Involved in Incident

4-6-23 17:05 on

Date/ Time of Incident

TO: Mr. Thompson  
(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

I've had family & friends call about my injury, you say I'm "Exaggerating" as to the overall shape and look of the injury on the fingers, on the ring finger bone was showing, your CNA had to glue it back together, X Ray's show's possible breakage, since I've yet to see a Specialist (ORTHO) or any one to determine how much damage was/is done: Nerve, tendon etc, we can only guess and hope. At this point if there is damage done it's almost beyond repair because you have waited so long to have it properly taken care of.

Offender Signature: J. C. 1031138

Date: 4-6-23

Offenders - Do Not Write Below This Line

Date Received: 4/10/23 Response Due: 4/25/23 Log Number: BCC-23-INF-00155

Assigned to: Mr. Thompson

Action Taken/Response:

Your appointment with ortho has been scheduled

Respondent Signature

Printed Name and Title

4/10/23  
Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 15-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA

DEPARTMENT OF CORRECTIONS

## Facility Request

Please print your name, DOC number, housing assignment and a brief summary of your request in the space provided below and place this form in appropriate facility mailbox for delivery through the facility mail. Staff may return your request unanswered or reroute your request to the appropriate department or individual if you submitted your request to the wrong department or individual or if you sent duplicate requests to the same or multiple departments or individuals.

Name: Thomas L. Conley, Jr. DOC Number: 1031138

Housing Unit: 1 N1 B8 Date: 05-16-23

To: MS. Robinson or Medical  
Staff Member Name Department

Request For: ☐ Appointment ☒ Information ☐ Services Other: \_\_\_\_\_

Summary (Please Print): How much longer do I have to make "splints" for my fingers? The doctor (Mr. Gray) requested after surgery that I have my hand in a splint to protect it, because there are pins in my fingers. For we have had to use more-shift splints which aren't as effective as splints made for the purpose in which they're designed for. I've waited to be notified & I've asked several times. No one seems to know, when or why I'm not being given what's needed. You can threaten to write me up for coming to medical & asking about this - but you can't answer how long I don't

Do not attach additional pages and do not write below this line

## Facility Response

Request sent to correct department ☒ Yes ☐ No

Request was rerouted to: \_\_\_\_\_

Inmate seen ☐ Yes ☒ No

Response: \_\_\_\_\_

You were charged for being in an unauthorized area. You can't just walk to medical without being called for

RECEIVED  
MAY 18 2023  
Date: \_\_\_\_\_  
BY: \_\_\_\_\_

S-18-23

Date of Response

Staff Respondent Name: \_\_\_\_\_



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_10-20

## Regular Grievance

Log Number: \_\_\_\_\_

## Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a Regular Grievance.
- You must attach the ~~Written Complaint~~ or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your Regular Grievance out completely and correctly
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

CRAIG, Jr. Thomas

1031138

1TS B-5B

Offender Name (Last Name, First)

Offender Number

Housing Assignment

Medical Dept.

3-11-23

19:00

Individuals Involved in Incident:

Date/ Time of Incident

## Results of the Informal Complaint Process (Select one of the below)

- ☐ Written Complaint on this issue attached
- ☐ Other documentation used to satisfy the informal complaint process is attached
- ☒ Informal complaint process is not required for this issue

**Explain Your Issue:** (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

I injured my right hand and had to receive immediate medical treatment on 3-11-23, the ring finger had bone showing at the first joint the pinkie finger is disfigured and has burning, the CNA had to glue the tip of my ring because as stated (above) the skin has slipped or split open & bone was visible. I had x-rays & it was determined that was (is) fractures & possible broken bones in both fingers. As I was notified that I would see an ortho "shortly", as I said before it's been over 30 days; there if and when I do get the proper treatment for these injuries, it's going to be healed ~~proper~~ improperly & I'm more than likely have to have them rebroken & have some type of corrective surgery. Why is this not being treated as it should be? This is my 3rd or 4th grievance on this matter the other one has been ignored.

**Suggested Remedy:** (Identify in the space provided below, the action you want taken)

I need to be treated, & seen by the ortho so he can determine what is the best way to fix the injuries I have, and I'd like to be seen by him in a timely rational fashion.

Offender Signature

Date

4-13-23



IRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_F1 163

**Intake Decision:** (Grievances must be accepted and logged into VACORIS unless returned for the following reasons:

<input type="checkbox"/>	<b>Non-Grievable:</b>
<input type="checkbox"/>	Disciplinary hearing decisions, penalties and/or procedural errors
<input type="checkbox"/>	Regular Grievance Intake Decisions
<input type="checkbox"/>	Limitation Decisions
<input type="checkbox"/>	State and Federal laws, regulations, and court decisions
<input type="checkbox"/>	Policies, procedures, and decisions of other agencies
<input type="checkbox"/>	Issues yet to occur
<input type="checkbox"/>	Beyond the control of the Department of Corrections
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance #</i>
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
<input checked="" type="checkbox"/>	<b>Informal Complaint Process:</b> Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input checked="" type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: <i>Please allow state to respond to your complaints. If you disagree with the responses, resubmit.</i>
<input type="checkbox"/>	<b>Request for Services:</b>

Institutional Ombudsman Signature

Date

**Appeal of Intake Decision**

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

**Regional Review of Intake Decision:** The Regional Ombudsman's decision is final

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

Date

**Withdrawal of Grievance:**

I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_6-21

RECEIVED

RECEIVED

Written Complaint

BLAND CORRECTIONAL CENTER

RECEIVED

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Blind Complaintal Center completely and correctly.
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Offender Name

Offender Number

Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO:

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

it doesn't do me any good to have my fingers cleaned every day only to have it heal indirectly because you are cutting corners and using equipment that is not designed to be used post-surgery, Tongue Suppressors are not designed to be used on broken bones, they do not offer stability nor do they offer a lot of protection. I will have my family call you & let you explain to them how this effective medical treatment, as well as my attorney, as soon as I receive your response to this written complaint

Offender Signature:

Date: 5-17-23

Offenders - Do Not Write Below This Line

Date Received:

Response Due:

Log Number:

BCC-23-INF-208

Assigned to:

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 15-day time limit has not expired.

Offender Signature:

Date:

Staff Witness:

Date:





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Page three

Written Complaint  
RECEIVED

866\_F3\_6-21

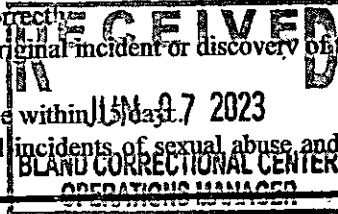
MAY 22 2023

Bland Correctional Center

Submitting this Written Complaint.

**Instructions for filing:**

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.



Thomas R. Craig, Jr. #1031138  
Offender Name Offender Number

INT B-B5  
Housing Assignment

ms. Robinson / Mr. Thompson  
Individuals Involved in Incident

5-18-23 11:55 am  
Date/ Time of Incident

TO: Medical Dept

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

I have asked you about using a splint(s) on my fingers that "work" & you've continuously denied me, why do you feel that this "pinke shift" one serves the purpose? it offers little to no protection and isn't very effective towards keeping the pins safe. please do the right thing and put the right splint on my fingers ones that are made for such purpose. Tongue Suppressors are on comfort care and do not offer any protection for the pins or fingers.

Offender Signature: J. Craig Jr. 1031138  
Offenders - Do Not Write Below This Line

Date: 5-18-23

Date Received:

Response Due:

Log Number: BCC-23-INF-00208

Assigned to:

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

**Withdrawal of Complaint:**

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

Offender Signature:

Date:

Staff Witness:

Date:



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 6/21/21



Virginia Department of Corrections

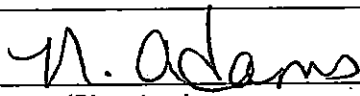
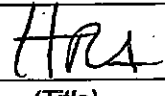
## Grievance Receipt

DOC Location: BCC Bland Correctional Center

Report generated by Adams, N M

Report run on 05/24/2023 at 05:15 PM

Grievance Number: BCC-23-INF-00208Next Action Date: 06/06/2023 12:00 AM

On this date: 05/22/2023	I have received a statement from:	
Craig, Thomas R Jr.	1031138	of Bland Correctional Center SMB-A-3-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>Medical - "How do you consider 'tongue suppressors' adequate or effective medical equipment to use on broken bones...the make-shift splint are not offering much for the desired purpose...It doesn't do me any good to have my fingers cleaned every day only to have it heal incorrectly because you are cutting corners and using equipment that is not designed to be used post-surgery...(tongue suppressors used as splints) do not offer stability nor do they offer a lot of protection. I will have my family call you and let you explain to them...as well as my attorney, as soon as I received your response to this written complaint...please do the right thing and put the right splint on my finger, ones that are made for such purpose. Tongue suppressors are uncomfortable and do not offer any protection for the pins or fingers."</p>		
 (Signature)		 (Title)

\* June 18<sup>th</sup> 2023

Approxly 6:30pm, I reported to medical as I do for a "Dressing Change" was told by Dr. Gray to keep my hand splinted until he remove the pins & to keep the dressing clean & dry. I was told today I was no longer to come to medical for this, because the doctor did not request for it to be done. This is the 3<sup>rd</sup> time I've had to deal with the type of behavior from the medical dept here at Bland. I still have stitches & pins in my 4<sup>th</sup> & 5<sup>th</sup> finger of my right hand.

Page 1 of 1

11/3/23am

June 22<sup>nd</sup> still have not seen medical or had dressing changed - or cleaned! 5:10pm, at approxly 8:45pm I've

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Facility Request 801\_F3\_2-22

## Facility Request

Please print your name, DOC number, housing assignment and a brief summary of your request in the space provided below and place this form in appropriate facility mailbox for delivery through the facility mail. Staff may return your request unanswered or reroute your request to the appropriate department or individual if you submitted your request to the wrong department or individual or if you sent duplicate requests to the same or multiple departments or individuals.

Name: Thomas R. Craig, Jr. BY: DOC Number: 1031138

Housing Unit: ITN 05-B Date: 5-14-23

To: MRS. Tilly / Mr. Thompson or Medical  
Staff Member Name Department

Request For: ☐ Appointment ☒ Information ☐ Services Other: \_\_\_\_\_  
Summary (Please Print): may I please get a complete copy of my medical files?

Thank you  
T.R.C.

Do not attach additional pages and do not write below this line

## Facility Response

Request sent to correct department ☒ Yes ☐ No

Date \_\_\_\_\_

Request was rerouted to: \_\_\_\_\_

Inmate seen ☐ Yes ☒ No

Response: \_\_\_\_\_

Copies of records cost 10¢ per page if not within 90 days of release. Let me know if you still want them.

U. Cooper  
Staff Respondent Name

5/15/23  
Date of Response



Virginia Department of Corrections

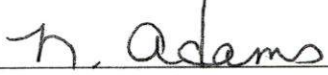
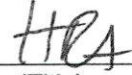
## Grievance Receipt

DOC Location: BCC Bland Correctional Center

Report generated by Adams, N M

Report run on 06/22/2023 at 05:43 PM

Grievance Number: BCC-23-INF-00276Next Action Date: 07/06/2023 12:00 AM

On this date:	06/21/2023	I have received a statement from:	
Craig, Thomas R Jr.	1031138	of	Bland Correctional Center 3-S-22-B
(Offender Name and DOC#)		(Filed Location and Housing)	
Setting out the following complaint:			
Medical - "I was notified by Mrs. Craig today that I will no longer be treated. My treatment has been discontinued. I normally report to Medical for 'dressing change' each day at 5 p.m. because I have stitches and pins in my right 4th and 5th fingers. Dr. Gray advised Medical to keep splinted and to keep the dressing clean. Now I'm told it will no longer be done. Why not?"			
			
(Signature)		(Title)	



VIRGINIA

DEPARTMENT OF CORRECTIONS

Page One

Written Complaint 866-F3-6-21

RECEIVED  
JUN 07 2023

## Written Complaint

RECEIVED  
MAY 18 2023

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Written Complaint form out completely and correctly.
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment when the informal complaint process is satisfied by other documentation.

RECEIVED  
MAY 22 2023  
Equal Employment Opportunity  
Grievance Office

Thomas R. Coniff 1031138  
Offender Name Offender Number

Housing Assignment

3-17-23 10:34 pm  
Date/ Time of Incident

Individuals Involved in Incident

TO: Medical Dept Mr. Thompson  
(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

How do you consider "Tongue Suppressors" Adequate or effective medical equipment to use on broken bones, with pins, having just had major surgery on my hand. The requested that my fingers be properly splinted for protection & stability. The max-shift Splint was not offering much for the desired purpose.

Offender Signature: T. Coniff 1031138  
Offenders - Do Not Write Below This Line

Date: 5-17-23

Date Received: 5-18-23 Response Due: 6/6/23 Log Number: BC-23-INF-00208

Assigned to: Medical

Action Taken/Response:

You are receiving appropriate medical treatment

Respondent Signature

Thompson RNCB  
Printed Name and Title

Date

6-6-2023

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 15-day time limit has not expired.

Offender Signature:

Date:

Staff Witness:

Date:





VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866\_F4\_9-20

**Emergency Grievance**Log # **3112**

The emergency grievance process provides a method for offender reporting and expedited staff responses to situations or conditions that may subject the offender to an immediate risk of serious personal injury or irreparable harm to include alleged sexual abuse or sexual harassment and/or allegations that an offender is subject to a substantial risk of imminent sexual abuse.

**Craig** **Thomas R.** **1031138** **Blond** **INT-B-5B**  
 Offender Last Name First Number Facility Building-Cell/Bed

**Part A - Offender Claim**

In the space provided explain your emergency (be specific): The "Tongue Suppressors" does "not" offer much stability or protection. Each morning I get up out of bed I am in pain because I have either bumped my hand in my sleep or rolled over on it. As I've asked before why am I subjected to having "muck-shift" medical equipment after having to endure months of pain, going through over 3 1/2 months of not having the proper medical treatment, then having to have surgery.  
5-17-23, 10:30am J. Craig 1031138  
 Date/Time Offender Signature and Number

**PART B - Staff Response**

(The below section is to be completed by designated staff. The response must be returned to the offender within eight-hours or sooner, when necessary to protect the offender from serious personal injury or irreparable harm)

☐ (PREA) Your grievance regarding an alleged incident of sexual abuse or sexual harassment was referred for investigation. The Facility Unit Head and PREA Compliance Manager have been notified.

☐ (Emergency) Your grievance has been determined to be an emergency and the following action has been taken:

☐ Sent to Hospital: Date/Time Transported \_\_\_\_\_ / \_\_\_\_\_ ☐ Other (Provide detailed explanation below)

☒ (Non-emergency) Your grievance does not meet the definition of an emergency, because the information provided does not indicate that you are subject to an immediate risk of serious personal injury or irreparable harm. You should address your issue as follows:

☐ Submit Written Complaint

☐ Evaluated by Medical: Date Seen \_\_\_\_\_

☐ Submit Sick Call Request

☐ Send an Offender Request To: \_\_\_\_\_

☐ Submit Request to Dental

☒ Other (Provide detailed explanation below) \_\_\_\_\_

This is not an emergency as defined above

5/17/23 528pm

H. Vanez

H. Vanez

5-17-23 230p

Date/Time

Respondent Signature

Name/Title Printed

T. Thompson KNCB



VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866\_F4\_9-20

**Emergency Grievance**Log # 23785

The emergency grievance process provides a method for offender reporting and expedited staff responses to situations or conditions that may subject the offender to an immediate risk of serious personal injury or irreparable harm to include alleged sexual abuse or sexual harassment and/or allegations that an offender is subject to a substantial risk of imminent sexual abuse.

CRATE Thomas 1031138 Blood-medical INT-B-5B  
Offender Last Name First Number Facility Building-Cell/Bed

**Part A - Offender Claim**

In the space provided explain your emergency (be specific):

I had Surgery on my fourth and fifth fingers on 5-2-23. Dr. K. Gray - MD recommended that I have my two fingers in a Splint, one that's designed for such a injury. Broken Bones, there are pins in both fingers, so far the only Splint has been "make-thick" using Tongue Suppressors, they are not very effective in protecting the fingers or the pins in them.  
05-16-23 11:27pm J. Craig, Jr 1031138  
Date/Time Offender Signature and Number

**PART B - Staff Response**

(The below section is to be completed by designated staff. The response must be returned to the offender within eight-hours or sooner, when necessary to protect the offender from serious personal injury or irreparable harm)

- ☐ (PREA) Your grievance regarding an alleged incident of sexual abuse or sexual harassment was referred for investigation. The Facility Unit Head and PREA Compliance Manager have been notified.
- ☐ (Emergency) Your grievance has been determined to be an emergency and the following action has been taken:
- ☐ Sent to Hospital: Date/Time Transported \_\_\_\_\_ / \_\_\_\_\_ ☐ Other (Provide detailed explanation below)

☒ (Non-emergency) Your grievance does not meet the definition of an emergency, because the information provided does not indicate that you are subject to an immediate risk of serious personal injury or irreparable harm. You should address your issue as follows:

- ☐ Submit Written Complaint ☐ Evaluated by Medical: Date Seen \_\_\_\_\_
- ☐ Submit Sick Call Request ☐ Send an Offender Request To: \_\_\_\_\_
- ☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) \_\_\_\_\_

You have been given appropriate medical treatment and dressing changes  
5/17/23 5-17-2023 9:44am [Signature] Mr. Vaneer  
Date/Time Respondent Signature Name/Title Printed



Virginia Department of Corrections

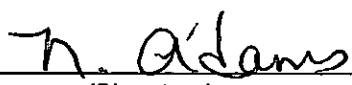
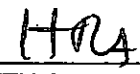
**Grievance Receipt**

DOC Location: BCC Bland Correctional Center

Report generated by Adams, N M

Report run on 04/13/2023 at 03:46 PM

Grievance Number: BCC-23-INF-00156Next Action Date: 04/25/2023 12:00 AM

On this date:	04/10/2023	I have received a statement from:
Craig, Thomas R Jr.	1031138	Bland Correctional Center
	of	1-TN-05-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>Medical / Mr. Thompson - "I've asked many times since 3/11/23 what will be done about my right hand. You've told me I'm scheduled to see the ortho. I have patient up to a point. This has gone on for too long to be considered adequate or timely medical treatment. If, in fact, there is a break or fracture in my fingers, which is most likely the case, since the bone in my ring finger was visible, at this point it has healed or attempted to heal, which will result in it healing wrong, as you can see from the shape of both fingers. How do you plan on correcting this mistake?"</p>		
		
(Signature)		(Title)



Virginia Department of Corrections



**Grievance Receipt**

DOC Location: BCC Bland Correctional Center

Report generated by Adams, N M

Report run on 06/22/2023 at 05:46 PM

Grievance Number: BCC-23-INF-00277Next Action Date: 07/06/2023 12:00 AM

On this date:	06/21/2023	I have received a statement from:
Craig, Thomas R Jr.	1031138	Bland Correctional Center
	of	3-S-22-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Medical - "It's been 72 hrs. now that I've gone without having my dressing changed or my hand cleaned. I have stitches and pins in my right hand."		
		
(Signature)		(Title)



Virginia Department of Corrections

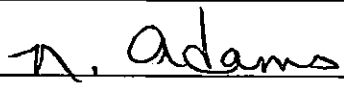

**Grievance Receipt**

DOC Location: BCC Bland Correctional Center

Report generated by Adams, N M

Report run on 04/13/2023 at 03:29 PM

Grievance Number: BCC-23-INF-00154Next Action Date: 04/25/2023 12:00 AM

On this date:	04/10/2023	I have received a statement from:
Craig, Thomas R Jr.	1031138	Bland Correctional Center
	of	1-TN-05-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>Medical - "I have a serious injury to my right hand. My ring finger and my pinkie finger is grossly misshaped, most likely broken, because the ring finger was showing the bone at the first joint at the time of injury, the tip was glued together and X-rays showed possible 'breakage' in both fingers. I was scheduled to see the ortho on the 16th of March 2023. I am very concerned because (1) why the delay, (2) there was an inmate who injured his hand weeks after me and he has been treated already, seen the ortho and all."</p>		
		
(Signature)		(Title)